

**EXHIBITS TO DECLARATION OF ANDRA ALLEN IN SUPPORT OF
MOTION TO DISMISS FOR LACK OF AND VENUE OR, IN THE
ALTERNATIVE, TO TRANSFER VENUE; AND MOTION TO DISMISS FOR
FAILURE TO STATE A CLAIM**
[Fed. Rules of Civ. Proc. 12(b)(3); 12(b)(6); 28 U.S.C. §§1404 and 1406]

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EXHIBIT A

SCHEDULE C
(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

Form 1040, Schedule C
Business Income and Loss Statement► Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.
► Attach to Form 1040 or 1041. ► See Instructions for Schedule C (Form 1040).

DAG 1040-2004-1040

04

Attachment
Sequence No. 09

Name of proprietor ANDRA L ALLEN	Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see page C-2 of the instructions) DIAMOND SALES : DIAMOND JEWELRY	B Enter code from pages C-7, 8, 9, 10 ► 448310
C Business name, if no separate business name, leave blank. FOREVER DIAMONDS	D Employer ID number (EIN), if any

E Business address (including suite or room no.) ► **7500 W LAKE MEAD DRIVE**City, town or post office, state, and ZIP code **LAS VEGAS, NV 89128**F Accounting method: (1) Cash (2) Accrual (3) Other (specify) **[REDACTED]**G Did you "materially participate" in the operation of this business during 2004? (If "No," see pages C-3 for limit on losses) **[REDACTED] X Yes**H If you started or acquired this business during 2004, check here **[REDACTED]**

Part I Income

1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here **[REDACTED] □**

2 Returns and allowances

3 Subtract line 2 from line 1

4 Cost of goods sold (from line 42 on page 2)

5 Gross profit. Subtract line 4 from line 3

6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-1)

7 Gross Income. Add lines 5 and 6 **[REDACTED] □ 7**

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	19 Pension and profit-sharing plans	19
9 Car and truck expenses (see page C-3)	9	20 Rent or lease (see page C-5):	20a
10 Commissions and fees	10	a Vehicles, machinery, and equipment	20b
11 Contract labor (see page C-4)	11	b Other business property	21
12 Depletion	12	21 Repairs and maintenance	22
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	13	22 Supplies (not included in Part III)	23
14 Employee benefit programs (other than on line 19)	14	23 Taxes and licenses	24
15 Insurance (other than health)	15	24 Travel, meals, and entertainment:	24a
16 Interest:		a Travel	
a Mortgage (paid to banks, etc.)	16a	b Meals and entertainment	
b Other	16b	c Enter nondeductible amount included on line 24b (see page C-5)	
17 Legal and professional services	17	24c Subtract line 24c from line 24b	24d
18 Office expense	18	25 Utilities	25
23 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns [REDACTED] □ 28		26 Wages (less employment credits)	26
29 Tentative profit (loss). Subtract line 28 from line 7		27 Other expenses (from line 46 on page 2)	27
30 Expenses for business use of your home. Attach Form 8829		28	28 [REDACTED]
31 Net profit or (loss). Subtract line 30 from line 29.		29	29 [REDACTED]
• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.		30	30 [REDACTED]
• If a loss, you must go to line 32.		31	31 [REDACTED]
32 If you have a loss, check the box that describes your investment in this activity (see page C-6).			
• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.			
• If you checked 32b, you must attach Form 6198.			

KBA For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 2004

EXHIBIT B

FROM : FOREVERDIAMONDS

FAX NO. : 7022747079

May. 08 2008 10:22AM P4

Certificate of Business: Fictitious Firm Name

Please Select One:

New Application
 Renewal of existing fictitious firm name

2008 OCT 30 P 2:53

Please Print or Type

2008 OCT 30 P 2:53

The expiration date for such certificates shall be the last day of the sixtieth month from the date of filing.

The undersigned do/does hereby certify that ANDRÁ ALLEN

(Name of individual, corporation, partnership or trust)

with mailing address of 7500 W. LAKE MEAD BLVD STE 111, LAS VEGAS NV 89128

(Mailing Address for notification of record) (Street) (City) (State) (Zip)

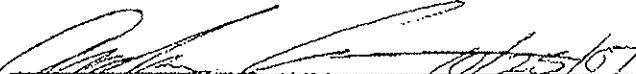
is/are conducting business in Clark County, Nevada, under the fictitious name of

FOREVER DIAMONDS

(Fictitious Firm Name) or (Doing Business As)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

By signing below I do solemnly swear (or affirm), under penalty of perjury, that all statements made in this document are true.

(1) ANDRÁ ALLEN, PRESIDENT

Signature

Date

Full Name and title (Type or Print)

7500 W. LAKE MEAD BLVD SUITE 111, LAS VEGAS NV 89128

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

(2)

Full Name and title (Type or Print)

Signature

Date

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

(3)

Full Name and title (Type or Print)

Signature

Date

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

(4)

Full Name and title (Type or Print)

Signature

Date

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

Mail to: Shirley B. Parraguirre, County Clerk, Attn: FFN, P.O. Box 551604, Las Vegas NV 89155-1604
 Includes Filing Fee of \$20.00, 2 copies and self-addressed stamped envelope

111706

FROM : FOREVERDIAMONDS

FAX NO. : 7022747079

May. 08 2008 10:22AM P3

NEVADA BUSINESS REGISTRATION

Please read instructions before completing this form. Information on this form must be printed or typed. Please understand that each agency may request additional information particular to the needs of your business in order to act on your application. The completion of this form does not relieve you of any statutory or regulatory requirements relating to your business.

1	<input type="checkbox"/> New Business	<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Change in Location	<input type="checkbox"/> Change in Name	<input type="checkbox"/> Change in Corporate Officers	<input type="checkbox"/> Change in Mailing Address	<input type="checkbox"/> Other
2	Corporate Name			Corporate Telephone		3 <input type="checkbox"/> Federal Tax Identification Number	
4	Corporate Address			Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #		City, State, and Zip Code	
5	Doing Business in Nevada as:			Business Telephone		Cellular Telephone	Fax
6	Mailing Address			Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #		City, State, and Zip Code	
7	Location(s) of Business Operations			Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #		City, State, and Zip Code	
8	Location of Business Records			Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #		City, State, and Zip Code	
9	Telephone #:						
10	Type of Business Entity:						
Name of All Owner(s), Partners, Corporate Officers, Members, etc. Attach additional sheets if necessary. (If individual ownership, list only one owner.)							
Owner, Partner, Officer, Member, etc. (Last, First, MI):		Residence Address (Street)		SSN:		Date of Birth	
ANDRA AILEN		3883 RUSTIN LV NV 89147		SSN: 556-19-8517		8-10-62	
Title		Percent Owned		City, State, Zip		Res. Phone	
OWNER		All				274-7079	
Owner, Partner, Officer, Member, etc. (Last, First, MI):		Residence Address (Street)		SSN:		Date of Birth	
Title		Percent Owned		City, State, Zip		Res. Phone	
Owner, Partner, Officer, Member, etc. (Last, First, MI):		Residence Address (Street)		SSN:		Date of Birth	
Title		Percent Owned		City, State, Zip		Res. Phone	
Owner, Partner, Officer, Member, etc. (Last, First, MI):		Residence Address (Street)		SSN:		Date of Birth	
Title		Percent Owned		City, State, Zip		Res. Phone	
Responsible Local Contact (Last, First, MI & Title)		Residence Address (Street)		SSN: ?		Res. Phone	
LV NV 89147							
11	Date Business Started in Nevada	Date Business Location Opened	Date First Worker Hired in Nevada	Date and Amount of First Nevada Payroll		Number of Employees	
PLEASE CHECK ALL THAT APPLY							
12	<input type="checkbox"/> Mining	<input type="checkbox"/> Domestic	<input type="checkbox"/> Outside Dining	<input type="checkbox"/> Water Appropriation	<input type="checkbox"/> Adult Materials/Activity	<input type="checkbox"/> Supply/Use Temporary Workers	
	<input type="checkbox"/> Service	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Amusement Machines	<input type="checkbox"/> Alcohol	
	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail Sales-New	<input type="checkbox"/> Construction/Erection	<input type="checkbox"/> Leased or Leasing Employees	<input type="checkbox"/> Gaming	
	<input type="checkbox"/> Delivery	<input type="checkbox"/> Transportation	<input type="checkbox"/> Retail Sales-Used	<input type="checkbox"/> Telephone Solicitation	<input type="checkbox"/> Lessing (Other than Employee)	<input type="checkbox"/> Other	
	<input checked="" type="checkbox"/> Wholesale	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> Live Entertainment	<input type="checkbox"/> Environmental Discharge	<input type="checkbox"/> Regulated by Federal/State Permit #		
13	Describe the Nature of Your Business in Detail. Include Type of Product Sold, Labor Performed and/or Services Rendered.						
SALEING DIAMONDS Wholesale to other wholesalers							
14	IF YOU HAVE ACQUIRED A NEVADA BUSINESS OR CHANGED OWNERSHIP, PLEASE COMPLETE THIS SECTION:						
Date Acquired:		Acquired by:		<input type="checkbox"/> Purchase	<input type="checkbox"/> Lease	<input type="checkbox"/> Other	<input type="checkbox"/> In Whole <input type="checkbox"/> In Part
Name(s) of Previous Owner(s)		Business Name and ESO Account Number of Previous Owner(s)					
Address (Street)		City		State		Zip Code	
If you have had a sales/use tax permit number before, please enter it here							
15	I am applying for:		<input type="checkbox"/> Unemployment Insurance (Employment Security)	<input type="checkbox"/> State Business License	<input type="checkbox"/> State Sales/Use Tax Permit	<input type="checkbox"/> Local Business License	A copy must be sent to each agency
16	* Do not sign until reading signature instructions. If the business is a general partnership or joint venture, more than one signature is required.						
I CERTIFY THE INFORMATION PROVIDED IN THIS REGISTRATION FORM IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.							
Signature / Original **			Print Name & Title			Date	
Signature / Original **			Print Name & Title			Date	

EXHIBIT C



ANDRA MR ALLEN

AUSTIN, TX 78732

Statement Date: 12/05/2006

Date Due: 12/27/2006

We appreciate your business.

PowerLink Number: 00171692

Account Number	Previous Balance	Payments	Adjustments	Current Activity	New Balance
5505069-4	████████	████████	████████	████████	████████

Your New Balance is made up of your Previous Balance, Payments, Adjustments and Current Activity.

Current Activity	Electric	████████
	TOTAL CURRENT ACTIVITY	████████

Questions? For questions about this BILL, call the City of Austin Utility Customer Service: 512-494-9400 or toll free at 1-888-340-6465 or 512-477-3663 TDD. Se Habla Español.

To report an electrical OUTAGE, call 512-322-9100 and enter your PowerLink number.

For 24-hour Water & Wastewater EMERGENCY ASSISTANCE, call 512-972-4000 or 512-972-1298 TDD.

To see your utility bills or make payments online, go to www.cautilities.com. For other City of Austin information, go to www.ci.austin.tx.us.

Read Dates ► Next meter read date will be on or about 12-29-06.

Street Services ► If you are over 65 or do not drive/own a vehicle or this property is vacant, you may qualify for an exemption to the Transportation User Fee.

CAP ► Customer Assistance Program (formerly Plus+1) - To those of you that can, please donate \$2, \$3, or any amount to help your neighbors in need with their utility bill payment(s).